

## Background

- Pharmaceutical companies/manufacturers invest in the creation of medical information (MI) letters to answer specific health care practitioner (HCP) inquiries. However, there is limited data on the content expectations and format preferences of these resources.
- Pharmaceutical products now impact HCPs across multiple regions. In order to gain a comprehensive understanding of the best method to communicate data, it is necessary to ascertain the perception of HCPs who utilize such medical information services across a variety of regions.
- With the increased oncology focus of pharmaceutical companies, it is important to understand the views of those who administer and prescribe oncology products – pharmacists, oncology specialists, and general practitioners.

## Objective

- The primary objective was to identify the level of content detail in medical information provided by pharmaceutical companies required by physicians and pharmacists who treat or administer cancer-related medications across various regions (North America, Western Europe, Eastern Europe, and Asia).
- The secondary objective was to identify the most effective channel and format to convey medical information to cancer-related health care practitioners.

## Methods

- A web-based survey was approved by Rutgers IRB and distributed Jan 2014 to pharmacists, oncology specialists, and general practitioners from the US, UK, France, Poland, and China, who administer cancer-related medications.
- Participants were recruited from medical professionals panels maintained by Research Now Healthcare and affiliated global partners.
- A 13-question survey, translated per country language, assessed the following:
  - Practice demographics and use of industry sourced MI
  - Scenarios which prompt contact of pharmaceutical companies for MI and related MI delivery of content and format preferences per scenario
  - General perception and quality perception of MI provided by pharmaceutical companies
  - Influence of the Sunshine Act in requesting MI
- Per country, 25 pharmacists, 25 oncology specialists (community and academic), and 25 general practitioners/primary care physicians were surveyed for a targeted sample of 75 practitioners per country at a total of 375 (N=375).
- All participant responses were anonymous.

## Disclosure

- Dr. Karen Chen, Dr. Michael Toscani, Dr. Evelyn Hermes-DeSantis, and Dr. Joseph Barone are paid employees of Rutgers, the State University of New Jersey.
- Sanjay Rajendera is a paid employee of Bristol-Myers Squibb, Uxbridge, UK.

## Results

Figure 1. Study population consisted of HCPs across various regions including North America, Western Europe, Eastern Europe, and Asia



Figure 2. Cross-regional HCP perception of medical information provided by the pharmaceutical companies/manufacturers

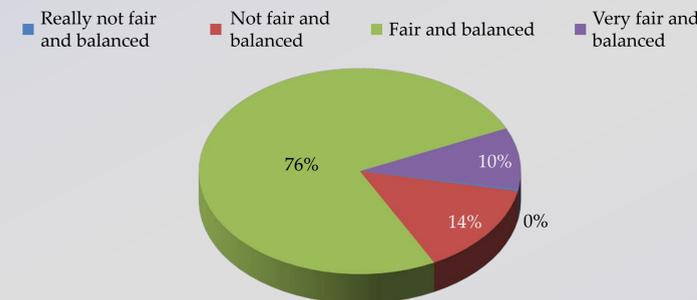


Figure 3. Formats of preference if HCPs were to contact companies for MI for "Information for clinical decisions to treat a specific patient"

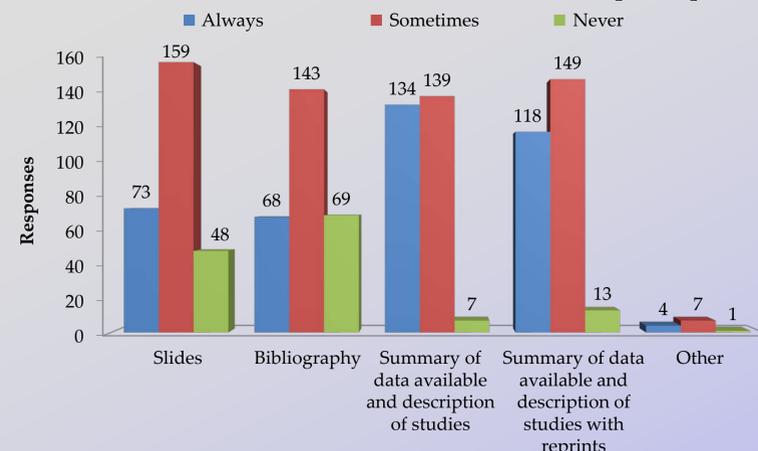


Figure 4. Influence of Sunshine Act on US HCPs' practice of requesting medical information from pharmaceutical companies/manufacturers

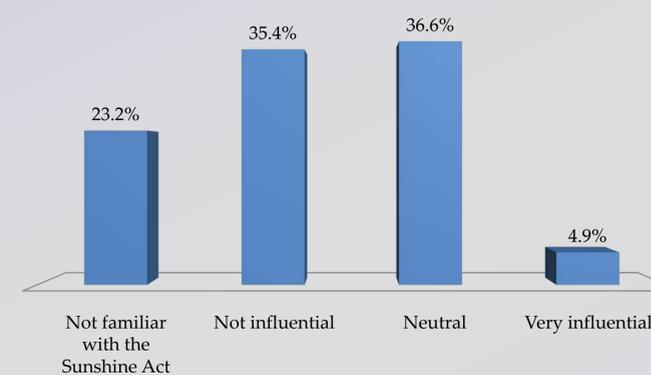


Figure 5. Cross-regional HCP perception of medical information quality provided by pharmaceutical companies/manufacturers

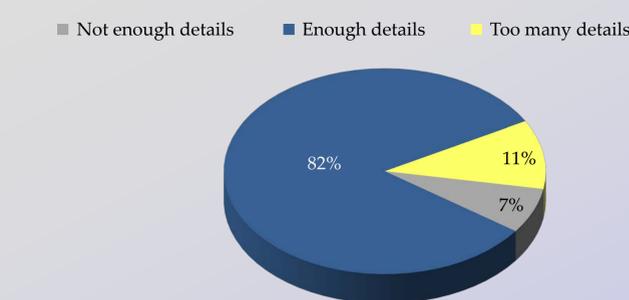
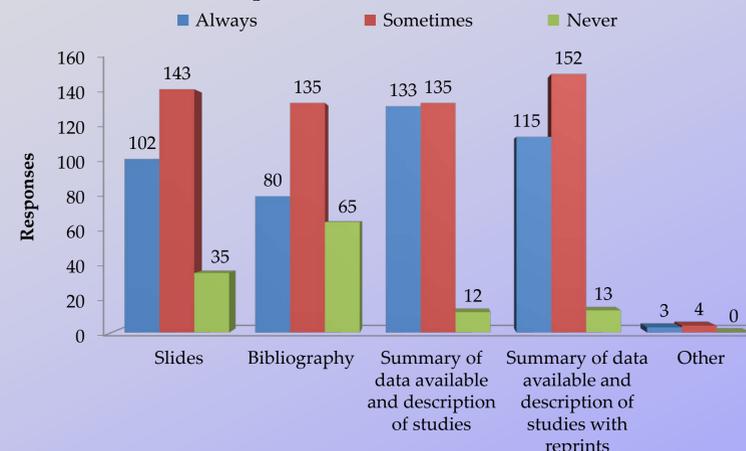


Figure 6. Formats of preference if HCPs were to contact companies for MI for "Self education"



## Results (continued)

- Across regions, 322 HCPs completed the survey (n=75 per country). The targeted population size for France and Poland was not reached due to inclusion criteria which required HCPs to have contacted pharmaceutical companies for cancer-related treatment MI in order to participate in this study.
- Participants identified "Information for clinical decisions to treat a specific patient" (Always 24.1%; Sometimes 62.8%) and "Self education" (Always 30.9%; Sometimes 55.9%) as the most likely scenarios to prompt HCPs to contact pharmaceutical companies for cancer-related treatment MI.
- When seeking information for clinical decisions to treat a specific patient, to treat generally, supplement knowledge for research, and self education, HCPs preferred to receive MI in the form of study summaries with or without reprints. Conversely, HCPs did not prefer to receive bibliographies or slides.
- If publications are used to answer a MI question, most HCPs (US 32.9%; UK, 37.0%; China 53.3%; France 44.3%) preferred receiving only the 2 most relevant publications. 34.8% of Polish HCPs preferred the receipt of 2-4 publications.
- HCPs found studies' primary objectives (73.8%), specific results (68.6%), and all reported safety data (57.1%) to be most important in informing clinical decisions.
- HCPs did not find results without statistical details (24.2%) and statistical methods (17.1%) to be important in informing clinical decisions.
- In regards to a specific clinical scenario, HCPs were given 4 different formats of MI presentation with varying degrees of content details (ie. <1 page with a bibliography; <1 page with ability to request additional information; 5-20 pages detailing all publications). 48.4% of HCPs selected a format consisting of 1-5 pages with a brief overview and detailed data description.
- The majority of HCPs across regions perceive MI from pharmaceutical companies to be fair and balanced (75.8%) and with enough details (82.0%).
- 35.4% of US HCPs did not find the Sunshine Act to be influential in their practice of requesting MI. 23.2% were not familiar with the Act and 36.6% were neutral.

## Limitations

- Results were based on a small sample size which met the inclusion criteria, but may not be representative of all HCPs that may and may not utilize MI resources.
- An electronic survey is subject to engage those inclined to technological advancements who may favor the use of electronic medical resources.

## Conclusions

- The practice of requesting MI regarding cancer treatments from pharmaceutical companies varies per region and training.
- HCPs across regions prefer to receive MI in the format of study summaries with and without reprints and not as bibliographies or slides. Such summaries are preferred to be delivered in a format consisting of 1-5 pages with a brief overview and a detailed data description emphasizing primary objectives, specific results to address the inquiry, and all reported safety data.
- HCPs across regions who contact pharmaceutical companies for MI perceive the information provided to be fair and balanced and with sufficient details.
- Additional sub-group analysis will help to discern the differences in practice amongst HCPs from different regions and different practice backgrounds.